

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Oregon
 Township Shayer
 City Shayer (No. , St. , Ward)

Registration District No. 632
 Primary Registration District No. 5834

File No. 33921
 Registered No. 24

2. FULL NAME

(a) Residence, No. , St. , Ward. (If nonresident, give city or town and State)
PAUL HENRY - YAHNIG
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>0</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-16-1921</u>		
7. AGE YEARS <u>11</u>	MONTHS <u>10</u>	DAYS <u>7</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chief</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilkes-Barre, Pa.</u>		
13. NAME <u>Henry M. Gehring</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ferrisville, Mich.</u>		
15. MAIDEN NAME <u>Florence - Hail</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sunset Ky.</u>		
17. INFORMANT (ADDRESS) <u>Father Shayer mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Davis Cemetery</u> DATE <u>Oct. 24</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>No one in charge</u>		
20. FILED <u>Oct. 24</u> 19 <u>33</u> <u>George Johnson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1933, to Sept 11, 1933
 I last saw him alive on Oct 11, 1933 Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
23A

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident? Date of injury 19.....
 Where did (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) Ch. H. Hedman, M. D.
 (Address) Shayer mo

